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**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN**

Kamal

Case No. 24-12073

Plaintiff,

Hon. Laurie J. Michelson

v.

Ford Motor Company

Defendant.

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**PROOF OF SERVICE  
of  
Summons and Complaint**

The summons and complaint were served on August 23rd, 2024  
by U.S. Postal Service Certified Mail. The **signed return receipt**, PS Form 3811 (“green card”),  
Attachment A, is attached as proof of service on named defendant.

Dated: 08/29/2024

/Andrew Magdy Kamal/

Signature

Andrew Magdy Kamal

Printed Name

801 W Big Beaver Rd. Ste - 300 MB #38

Address

Troy, Mi, 48084


City, State, Zip Code

616-541-9038

Telephone Number

Case No. 24-12073

## ATTACHMENT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <b>Shinetta Hill</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Ford Motor Company</b>  <b>1 American Rd</b>  <b>Dearborn, MI, 48126</b>  <b>USA</b></p>		<p>B. Received by (Printed Name) <b>Shinetta Hill</b> C. Date of Delivery <b>Aug 23 2024</b></p>	
<p>Barcode:             9590 9402 8727 3310 5128 78</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)  <b>7022 3330 0001 0969 3943</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> <b>Registered Mail™</b></p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)         </p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	